STATE OF CALIFORNIA

EFT ENROLLMENT AUTHORIZATION

This authorization remains in full force and effect until the California Medicaid Program/Title XIX receives written notification from the provider of its termination, or until the California Medicaid Program/Title XIX or appointing authority deems it necessary to terminate the agreement.

TYPE OF AUTHORIZATION:
- ☐ - NEW
- ☐ - CHANGE
- ☐ - CANCEL

SECTION A (To be completed by provider) **PLEASE PRINT OR TYPE**

1. NAME OF PROVIDER	2. PROVIDER NUMBER

3. MAIN CONTACT PERSON NAME	4. TELEPHONE NUMBER

5. CONTACT PERSON ADDRESS	CITY	STATE	ZIP

SECTION B (To be completed by provider if NEW or CHANGE box is checked above)

1. ROUTING NUMBER / CHECK DIGIT	2. BANK ACCOUNT NUMBER	3. TYPE OF ACCT
		CHECKING ☐ SAVINGS ☐

Verify Routing Number with Financial Institution

4. BANK NAME

5. BANK ADDRESS	CITY	STATE	ZIP

SECTION C (To be completed by provider)

1. CHECK APPROPRIATE BOX

☐ I hereby authorize the California Medicaid Program/Title XIX to initiate credit entries to my bank account as indicated above and the depository named above to credit the same to such account.

☐ I hereby cancel my Electronic Fund Transfer authorization.

FORM MUST BE NOTARIZED PRIOR TO RETURN

Please return this form to:
EDS
Attn: EFT Unit
PO Box 13029
Sacramento, CA 95813-4029

"I understand that by signing this form, payments issued will be from Federal and State funds and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws."

Provider's Original Signature (Required) Date
(Must be owner or corporate officer)

PLEASE READ INFORMATION CAREFULLY

What is Electronic Fund Transfer (EFT)?
With EFT, your Medi-Cal payment is sent electronically to your designated financial institution and credited directly to your account. There is no paper warrant printed or sent through the mail. With EFT, you will receive information on the amount of deposit, deductions, and other information on a Direct Deposit Advice stub sent weekly to your 'Pay to Address' by the State Controller's Office. Please note that EFT payments are not instantaneous; refer to your Medi-Cal provider manual for the EFT payment schedule.

COMPLETION INSTRUCTIONS

1. To enroll in EFT, complete this form as follows:

General Instructions

- Check appropriate type of authorization (New, Change, or Cancel)
- If New or Change, complete sections A, B, and C.
- If Cancel, complete sections A and C only.

Specific Instructions

- Type of Enrollment Action
  NEW – For new enrollment or re-enrollment after cancellation
  CHANGE – For change to account type, financial institution or branch (routing number), or depositor account number
  CANCEL – For cancellation of EFT
- Section A – (Item 2) Provider Number – Fill in entire nine digit Medi-Cal provider number. A separate enrollment form must be completed for each provider number.
- Section B – (Item 1) Routing Number and Check Digit – The Check Digit is the ninth digit of the Routing Number; i.e. 123456789.

  (Item 2) Account Number – Please fill in the account number exactly how it should be recorded, including any necessary spaces, zeroes, or dashes.

  (Item 3) Type of Account – Indicate type of account; checking or savings. Only one box should be checked.

IMPORTANT: Checking Accounts – You must attach a voided check to the enrollment form.
Savings Accounts – Please verify your Account Number and Routing Number with your Financial Institution.

2. The name on your Account must match the name in Section A Item 1 of the enrollment form.
3. Sign and date the EFT Enrollment Authorization Form and have your signature notarized.
4. Forward the completed form to the address shown in the lower left corner of the EFT Enrollment Authorization Form.
5. Your first payment will be electronically deposited into your designated account within 30 to 45 days after your EFT Enrollment Authorization Form is approved. You will receive an acknowledgment letter prior to your first electronic payment.

CHANGING FINANCIAL INSTITUTIONS OR ACCOUNT NUMBERS
A change in bank accounts or financial institutions will take approximately 30-45 days to process. Your EFT payments will continue to be deposited into your existing account until EDS has processed your request. To change bank accounts or financial institutions, submit an EFT Enrollment Authorization Form with the new information. Do not close your existing account until your first payment has been deposited into your new account.

QUESTIONS?
You may contact EDS through the Provider Support Center (PSC) at 1-800-541-5555.